



# Application for Vending Device

Please mail completed form & fees to:  
Livonia City Clerk  
33000 Civic Center Drive, Livonia, MI 48154-3097

Make checks payable to 'City of Livonia'  
Phone: (734) 466-2228

## - General -

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_  
Address City State Zip

Main Contact \_\_\_\_\_  
First Name Last Name

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

## - Location of Vending Devices -

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
Address City State Zip

**Fee: \$25 for the first vending machine**  
**\$10 each additional machine at the same location**

Number of Devices \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_